

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1 TRANSMITTAL NUMBER:
12-012-UT

2. STATE:
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4 PROPOSED EFFECTIVE DATE
July 1, 2012

TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.70

7. FEDERAL BUDGET IMPACT

a. SFY 2013 \$+945,100 *JP*
b. SFY 2014 \$+945,100

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT.

Page 10 of Attachment 4.19-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 10 of Attachment 4 19-B

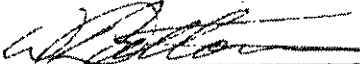
10. SUBJECT OF AMENDMENT Reimbursement for Home Health Services

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL.



13. TYPED NAME: W. David Patton, Ph.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: June 15, 2012

16. RETURN TO:

Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

17. DATE RECEIVED:

6/15/12

18. DATE APPROVED:

8/30/12

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/12

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME:

RICHARD C. ALLEN

TITLE:

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

22. REMARKS

J HOME HEALTH SERVICES

Home Health services are paid a uniform fee per visit unless either a lower amount is billed. The fee schedule is developed with consideration given to the following factors: Professional input from Medicaid staff, prevailing usual and customary charges, Medicare reimbursement for services, reimbursement rates required to obtain provider participation. The uniform fee is established statewide and will be the same for all governmental and private providers. The agency's rates were set as of July 1, 2012, and are effective for services delivered on or after that date. Providers may access fee schedules at the Utah Medicaid website located at <http://health.utah.gov/medicaid/>

RURAL AREA EXCEPTIONS

Where travel distances to provide service are extensive, enhancements in the home health reimbursement rates are provided. These enhancements are available only in rural counties where one way travel distances from the provider's base of operations are in excess of 25 miles. Rural counties are defined as counties other than Weber, Davis, Salt Lake, and Utah counties. In instances of travel of 50 miles or more, the Home Health fee schedule is multiplied by 1.75 to calculate the payment rate for applicable service codes.

SAN JUAN and GRAND COUNTIES EXCEPTION

To assure continued access to home health services for residents of San Juan County and Grand County, enhancements in home health reimbursement rates are provided. Effective July 1, 2007, for services provided in San Juan County and Grand County, the home health fee schedule is multiplied by 4.08 and 2.95, respectively, to calculate the payment rate for applicable service codes. These enhancement factors are applied irrespective of the distances traveled to provide these services and are in lieu of the rural area exceptions provided for other rural counties. Additionally, to compensate providers for delivering home health services in more remote areas, Medicaid payment is based upon a modifier for the two following zones:

Zone 1: For Aneth and Hatch Trading Posts, and Mexican Hat and Montezuma Creek residents or eligibles; Home Health Agency (HHA) services are billed under Modifier "UA" and mean that a factor or multiplier of 7.12 is applied (multiplied) by the existing HHA fee schedule.

Zone 2: For Monument Valley residents or eligibles, HHA services are billed under Modifier "UB" and mean that a factor or multiplier of 15.02 is applied (multiplied) by the existing HHA fee schedule.

T.N.# 12-012

Approval Date 8/30/12

Supersedes T.N. # 07-003

Effective Date 7-1-12